CHAPTER 5
SECTION 4

INSTITUTIONAL EDIT REQUIREMENTS (ELN 165 - 199)

ELEMENT NAME: PROCESSING CODE (1-165)		
VALIDITY EDITS		
N/A		
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
OVERRIDE CODE	SEE BELOW	
TYPE OF SUBMISSION	SEE BELOW	
NAS EXCEPTION REASON	SEE BELOW	
HEALTH CARE PLAN CODE	SEE BELOW	
DIAGNOSIS EDITION IDENTIFIER	SEE BELOW	
REASON FOR ADJUSTMENT	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	
EDITED ELEMENT RELATIONSHIP		
PROCESSING CODE IS A GROUP NAME FOR THE 8 ELEMENTS LISTED. IT HAS NO EDIT CRITERIA ITSELF. IF THE COMPONENT ELEMENTS ARE CORRECT, THIS ELEMENT IS CORRECT.		

ELEMENT NAME: OVERRIDE CODE (1-170)

VALIDITY EDITS

1-170-01	OCCURRENCE NUMBER 1
1-170-02	OCCURRENCE NUMBER 2
1-170-03	OCCURRENCE NUMBER 3
	VALUE MUST BE ONE OF THE VALID OVERRIDE CODES LOCATED IN CHAPTER 2, SECTION 6 OR BLANK
1-170-04	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
PATIENT DATE OF BIRTH	SEE BELOW	PATIENT RELATIONSHIP TO SPONSOR
FILING DATE	SEE BELOW	BEGIN DATE OF CARE
SPONSOR STATUS	SEE BELOW	
TREATMENT DIAGNOSIS	SEE BELOW	PATIENT DATE OF BIRTH
OP/NSP	SEE BELOW	TREATMENT DIAGNOSIS
OVERRIDE CODE (OCCURRENCES)	SEE BELOW	
SPECIAL RATE CODE	SEE BELOW	TYPE OF SUBMISSION
SPONSOR STATUS	SEE BELOW	PATIENT RELATIONSHIP TO SPONSOR

EDITED ELEMENT RELATIONSHIP			
1-170-05R	IF PATIENT DATE OF BIRTH INDICATES AGE[1] $\geq$ 65		
	THEN ONE OVERRIDE CODE MUST = 'A'.		
	UNLESS ENROLLMENT STATUS =	FE	TFL - EXTRA **OR**
		FS	TFL - STANDARD
	IF ANY OCCURRENCE OF OVERRIDE CODE = 'A'		
	THEN PATIENT AGE[2] MUST BE $\geq$ 65.		
1-170-06R	IF PATIENT DATE OF BIRTH INDICATES AGE[1] < 12		
	AND PATIENT RELATIONSHIP TO SPONSOR =	S	SPOUSE **OR**
		F	UNREMARRIED WIDOW(ER)
		G	UNMARRIED WIDOW(ER)

[1] **PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT <u>ANY</u> TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.**

[2] **IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT <u>SOME</u> TIME, SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.**

ELEMENT NAME: OVERRIDE CODE (1-170) (CONTINUED)

	ONE OVERRIDE CODE MUST = 'B'.		
	IF ANY OCCURRENCE OF OVERRIDE CODE = 'B'		
	PATIENT AGE[2] MUST BE < 12		
	AND PATIENT RELATIONSHIP TO SPONSOR =	S	SPOUSE **OR**
		F	UNREMARRIED WIDOW(ER)
		G	UNMARRIED WIDOW(ER)
1-170-07R	IF OVERRIDE CODE = 'D' (PATIENT IS FAMILY MEMBER 21 YEARS OR OLDER) **THEN** PATIENT DATE OF BIRTH INDICATES AGE[1] $\geq$ 21		
	AND PATIENT RELATIONSHIP MUST =	C	CHILD **OR**
		V	STEPCHILD **OR**
		W	WARD
1-170-08R	IF PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
	AND PATIENT DATE OF BIRTH INDICATES AGE[1] < 34		
	THEN ONE OVERRIDE CODE MUST = 'I'.		
	IF ANY OCCURRENCE OF OVERRIDE CODE = 'I'		
	THEN PATIENT AGE[2] MUST BE < 34		
	AND PATIENT RELATIONSHIP TO SPONSOR MUST =	T H R Y	FORMER SPOUSE
1-170-10R	IF ANY OCCURRENCE OF OVERRIDE CODE =	M	NATO
	SPONSOR STATUS MUST =	T	FOREIGN MILITARY
1-170-11R	IF ANY TREATMENT DIAGNOSIS = MATERNITY		
	AND PATIENT DATE OF BIRTH INDICATES AGE[1] < 12		
	THEN ONE OVERRIDE CODE MUST = 'E'.		
	IF ANY OCCURRENCE OF OVERRIDE CODE = 'E'		

[1] **PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT <u>ANY</u> TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.**

[2] **IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT <u>SOME</u> TIME, SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.**

ELEMENT NAME: OVERRIDE CODE (1-170) (CONTINUED)

	THEN PATIENT AGE^2 MUST BE < 12
	AND AT LEAST ONE TREATMENT DIAGNOSIS MUST = MATERNITY
1-170-12R	IF ANY OP/NSP **OR** DIAGNOSIS CODE IS FOR FEMALE AND PATIENT SEX IS MALE
	ONE OVERRIDE CODE MUST = 'G'
	IF ANY OCCURRENCE OF OVERRIDE CODE = 'G'
	AT LEAST ONE OP/NSP **OR** DIAGNOSIS CODE MUST BE FOR FEMALE AND PATIENT SEX MUST BE MALE.
	IF ANY OP/NSP **OR** DIAGNOSIS CODE IS FOR MALE (AND **NOT** FOR CIRCUMCISION, AND PRINCIPAL **OR** SECONDARY TREATMENT DIAGNOSIS IS **NOT** FOR DELIVERY) AND PATIENT SEX IS FEMALE
	ONE OVERRIDE CODE MUST = 'H'
	IF ANY OCCURRENCE OF OVERRIDE CODE = 'H'
	AT LEAST ONE OP/NSP **OR** DIAGNOSIS CODE MUST BE FOR MALE AND PATIENT SEX MUST BE FEMALE.
1-170-13R	OVERRIDE CODE OCCURRENCES MUST BE LEFT JUSTIFIED.

1-170-14R	IF ANY OCCURRENCE OF OVERRIDE CODE =	N	RETROSPECTIVE PAYMENT-INPATIENT MENTAL HEALTH
	SPECIAL RATE CODE MUST =	K	HOSPITAL-SPECIFIC PSYCH PER DIEM RATE **OR**
		L	REGION-SPECIFIC PSYCH PER DIEM RATE
	AND TYPE OF SUBMISSION MUST =	A	ADJUSTMENT
		C	CANCELLATION
		B	ADJUSTMENT NON-HCSR DATA
		E	CANCELLATION NON-HCSR DATA

1-170-16R	IF ANY OCCURRENCE OF OVERRIDE CODE = 'Y'
	PATIENT MUST BE NEWBORN (PATIENT DATE OF BIRTH EQUAL TO ADMISSION DATE).
1-170-17R	IF ADMISSION DATE < 871001
	NO OCCURRENCE OF OVERRIDE CODE MAY = 'Y'

1-170-19R	IF ANY OCCURRENCE OF OVERRIDE CODE = 'O'		
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST BE =	M	HEALTH CARE FINDER AND PARTICIPATING PROVIDER PROGRAM **OR**

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[1] **PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT <u>ANY</u> TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.**

[2] **IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT <u>SOME</u> TIME, SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.**

ELEMENT NAME: OVERRIDE CODE (1-170) (CONTINUED)

		N	CHAMPUS SELECT

AND CONTRACTOR NUMBER MUST = 45.

1-170-20R	IF ANY OCCURRENCE OF OVERRIDE CODE =	NC	NON-CERTIFIED PROVIDER (DOES NOT INCLUDE SANCTIONED/SUSPENDED PROVIDERS)
	THEN PROVIDER CONTRACT AFFILIATION CODE =	5	NON-CERTIFIED PROVIDERS (DOES NOT INCLUDE SANCTIONED/SUSPENDED PROVIDERS)
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	AN	SHCP - NON-MTF-REFERRED CARE **OR**
		AR	SHCP - REFERRED CARE **OR**
		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		EU	EMERGENCY SERVICES RENDERED BY AN UNAUTHORIZED PROVIDER **OR**
		GU	ADSM ENROLLED IN TPR; NO-AT-RISK PAYMENT BY MCS CONTRACTOR **OR**
		MN	TSP (NETWORK) **OR**
		MS	TSP (NON-NETWORK) **OR**
		SC	SHCP - NON-TRICARE ELIGIBLE **OR**
		SE	SHCP - TRICARE ELIGIBLE **OR**
		SM	SHCP - EMERGENCY

[1] **PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT <u>ANY</u> TIME SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.**
[2] **IF OVERRIDE IS CODED, AGE MUST MEET EDIT CRITERIA AT <u>SOME</u> TIME, SPANNING FROM BEGIN DATE OF CARE TO END DATE OF CARE.**

ELEMENT NAME: TYPE OF SUBMISSION (1-175)

VALIDITY EDITS

1-175-01	VALUE MUST = 'A', 'B', 'C', 'D', 'E', 'F', 'G', 'I', 'O', **OR** 'R'.

RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
HCSR INDICATOR	SEE BELOW	FILING DATE, TYPE OF NET RECORD ON PREVIOUS HCSR ON DATABASE, AMOUNT PAID BY GOVERNMENT CONTRACTOR, CONTRACT NUMBER, CONTRACT BEGIN AND END DATES, SPONSOR SOCIAL SECURITY NUMBER, BATCH/VOUCHER NUMBER
1-155-02R AMOUNT PAID BY GOVERNMENT CONTRACTOR		FILING DATE
AMOUNT OF OHI/AMOUNT OF TPL	SEE BELOW	
FILING DATE	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	FREQUENCY CODE
DENIAL REASON CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP		
1-175-02R	**WHEN** TYPE OF SUBMISSION =	I	INITIAL
		R	RESUBMISSION
		O	ZERO PAYMENT WITH 100% OHI/TPL
		D	COMPLETE DENIAL
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING

THIS HCSR INDICATOR MUST **NOT** BE PRESENT ON THE DATABASE.

1-175-03R	**WHEN** TYPE OF SUBMISSION IS EQUAL TO 'F' (ADJUSTMENT NEW SUFFIX) **OR** 'G' (ADDITIONAL DRG INTERIM BILLING), A HCSR **EXCLUSIVE OF SUFFIX** MUST BE PRESENT ON THE DATABASE (I.E., IF THE 'NEW SUFFIX' HCSR BEING SUBMITTED IS SUFFIX = 'D', AT LEAST ONE HCSR WITH THE SAME ICN AND SUFFIX NOT EQUAL TO 'D' MUST EXIST ON THE DATABASE).
	• THE FOLLOWING EDITS (1-175-04R AND 1-175-06R) ARE GENERATED **WHEN** PROCESSING ADJUSTMENT AND COMPLETE CANCELLATION HCSRs. THESE RECORDS ARE MATCHED AND APPLIED TO THEIR CORRESPONDING INITIAL SUBMISSION HCSR AND ANY CORRESPONDING ADJUSTMENT HCSRs DURING EDITING. THE RESULT IS EITHER A SUCCESSFUL MATCH WITH THE "NET" (WHICH IS THEN EDITED) OR AN INCOMPATIBLE MATCH (1-175-04R), OR NO MATCH IS FOUND (1-175-06R).
1-175-04R	INCOMPATIBLE MATCH FOUND.

ELEMENT NAME:	TYPE OF SUBMISSION (1-175) (CONTINUED)		

MULTIPLE 'A' (ADJUSTMENTS) ARE ALLOWED FOR AN HCSR. ONLY ONE 'C' (CANCELLATION) IS ALLOWED FOR AN HCSR, THERE WILL BE NO SUBSEQUENT 'A'. A CANCELLATION (C) CANNOT BE APPLIED TO AN HCSR ALREADY ON THE DATABASE WITH ZERO IN (NET) AMOUNT PAID BY GOVERNMENT CONTRACTOR, **UNLESS** TYPE OF NET RECORD = 'A'.

WHEN TYPE OF SUBMISSION IS EQUAL TO 'B' (ADJUSTMENT TO NON-HCSR DATA) **OR** 'E' (CANCELLATION OF NON-HCSR DATA), AN HCSR WITH TYPE OF NET RECORD = 'I', 'R', 'O', 'D', 'A', 'C', 'F', 'X', **OR** 'E' MUST **NOT** BE PRESENT ON THE DATABASE. (THERE **CAN** BE A HCSR WITH TYPE OF NET RECORD = 'B'.)

1-175-05R * SPONSOR SOCIAL SECURITY NUMBER IS ONLY LOOKED AT AS "MATCH" CRITERIA IF THERE ARE DUPLICATE HCSR SUFFIXES. **IN THAT CASE**, IF A MATCH IS NOT FOUND ON SPONSOR SOCIAL SECURITY NUMBER FOR THIS HCSR INDICATOR (ICN AND HCSR SUFFIX), **THEN** THE HCSR CANNOT BE MATCHED AND NETTED. THE ORIGINAL SPONSOR SSAN MUST BE SUBMITTED ON ALL SUBSEQUENT ADJUSTMENTS/CANCELLATIONS.

** CONTRACT NUMBER IS ONLY LOOKED AT AS "MATCH" CRITERIA IF THERE ARE DUPLICATE SPONSOR SOCIAL SECURITY NUMBERS FOR DUPLICATE HCSR SUFFIXES. FOR ADJUSTMENTS AND CANCELLATIONS WITH FILING DATES OUTSIDE OF THE BEGIN AND END DATES OF THE CURRENT CONTRACT, THE MATCH ON CONTRACT NUMBER IS OPTIONAL (1-175-06R).

1-175-06R NO MATCH FOUND.

WHEN TYPE OF SUBMISSION IS EQUAL TO 'A' (ADJUSTMENT) **OR** 'C' (CANCELLATION), THERE MUST BE A "MATCH" OF AN HCSR (WITH TYPE OF NET RECORD = 'I', 'F', 'R', **OR** 'O') ON THE DATABASE **UNLESS** FILING DATE IS MORE THAN XX MONTHS OLD (TO BE DETERMINED BY DATABASE PURGE PARAMETER). THIS "MATCH" CONSISTS OF HCSR INDICATOR (ICN AND HCSR SUFFIX). REFER ALSO TO 1-175-05R, WHERE SPONSOR SOCIAL SECURITY NUMBER*, AND CONTRACT NUMBER** MAY ALSO BE INCLUDED.

NOTE: IF FILING DATE IS MORE THAN XX MONTHS OLD (TO BE DETERMINED BY DATABASE PURGE PARAMETER), AN HCSR WITH TYPE OF NET RECORD = 'A', 'I', 'F', 'G', 'R', **OR** 'O' **MAY** (**OR** MAY NOT) EXIST ON THE DATABASE. THUS, THE MATCH IS APPLIED IF NET RECORD EXISTS.

1-175-07R	IF TYPE OF SUBMISSION =	O	ZERO PAYMENT WITH 100% OHI/TPL
	EITHER/BOTH AMOUNT OF OHI/AMOUNT OF TPL MUST BE > ZERO.		
1-175-09R	IF SPECIAL PROCESSING CODE =	D	DRG QUALIFYING FOR INTERIM PAYMENT
	AND FREQUENCY CODE =	2	INTERIM-INITIAL
	TYPE OF SUBMISSION MUST BE =	I	INITIAL
		R	RESUBMISSION
		A	ADJUSTMENT
		C	CANCELLATIONS
		E	CANCELLATION OF NON-HCSR DATA
		B	ADJUSTMENT TO NON-HCSR DATA
	IF SPECIAL PROCESSING CODE =	D	DRG QUALIFYING FOR INTERIM PAYMENT
	AND FREQUENCY CODE =	3	INTERIM-INTERIM
		4	INTERIM-FINAL

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ELEMENT NAME: TYPE OF SUBMISSION (1-175) (CONTINUED)

	TYPE OF SUBMISSION MUST BE =	A	ADJUSTMENT
		C	CANCELLATION
		B	ADJUSTMENT TO NON-HCSR DATA
		E	CANCELLATION OF NON-HCSR DATA
		G	ADDITIONAL DRG INTERIM BILLING
1-175-10R	IF ALL DETAIL OCCURRENCES ARE DENIED (DENIAL REASON CODE NOT BLANK)		
	TYPE OF SUBMISSION MUST BE =	A	ADJUSTMENT TO PRIOR HCSR
		C	COMPLETE CANCELLATION
		D	COMPLETE DENIAL
		B	ADJUSTMENT NON-HCSR DATA
		E	CANCELLATION NON-HCSR DATA
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
1-175-11R	IF TYPE OF SUBMISSION =	I	INITIAL
		R	RESUBMISSION
		D	COMPLETE DENIAL
		O	ZERO PAYMENT WITH 100% OHI/TPL
	A HCSR MUST NOT BE PRESENT ON THE DATABASE WITH THIS HCSR INDICATOR, EXCLUDING THE SUFFIX (20 BYTES), FOR THIS CONTRACT NUMBER, WITH A DIFFERENT BATCH/VOUCHER NUMBER.		
1-175-12R	A HCSR SUFFIX PREVIOUSLY ASSIGNED CANNOT BE "RE-USED" **WHEN** TYPE OF SUBMISSION = 'F' (ADJUSTMENT TO PRIOR HCSR DATA, ADDITIONAL HCSR SUFFIX) FOR THIS SAME INTERNAL CONTROL NUMBER.		
	NOTE: THIS EDIT RELATES TO ADMINISTRATIVE CLAIM COUNT ASSIGNMENT ONLY.		
1-175-13R	IF AMOUNT ALLOWED = '0'		
	THEN TYPE OF SUBMISSION MUST =	A	ADJUSTMENT PRIOR HCSR DATA
		B	ADJUSTMENT NON-HCSR DATA
		C	CANCELLATION
		D	COMPLETE DENIAL
		E	COMPLETE CANCELLATION TO NON-HCSR DATA
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLINGS
1-175-14R	IF RESUBMISSION NUMBER = ZERO FOR THIS BATCH **OR** VOUCHER,		
	TYPE OF SUBMISSION MUST BE =	A	ADJUSTMENT TO PRIOR HCSR DATA
		B	ADJUSTMENT NON-HCSR DATA
		C	COMPLETE CANCELLATION PRIOR HCSR DATA

ELEMENT NAME: TYPE OF SUBMISSION (1-175) (CONTINUED)

		D	COMPLETE DENIAL
		E	COMPLETE CANCELLATION NON-HCSR DATA
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
		I	INITIAL
		O	ZERO PAYMENT WITH 100% OHI/TPL
1-175-15R	IF RESUBMISSION NUMBER > ZERO FOR THIS BATCH **OR** VOUCHER,		
	TYPE OF SUBMISSION MUST BE =	A	ADJUSTMENT TO PRIOR HCSR DATA
		B	ADJUSTMENT NON-HCSR DATA
		C	COMPLETE CANCELLATION NON-HCSR DATA
		D	COMPLETE DENIAL
		E	COMPLETE CANCELLATION NON-HCSR DATA
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
		O	ZERO PAYMENT WITH 100% OHI/TPL
		R	RESUBMISSION OF 'I'
1-175-16R	IF TYPE OF SUBMISSION =	I	INITIAL
		F	ADJUSTMENT NEW SUFFIX
		R	RESUBMISSION
	AMOUNT BILLED, AMOUNT ALLOWED, NUMBER OF BIRTHS, TOTAL BED DAYS, GOVERNMENT AUTHORIZED BED DAYS, AMOUNT PAID BY OTHER HEALTH INSURANCE, AMOUNT ALLOWED BY OTHER HEALTH INSURANCE, AMOUNT OF THIRD PARTY LIABILITY, AMOUNT OF PAYMENT REDUCTION, PATIENT COINSURANCE, PATIENT COPAYMENT, AMOUNT PAID BY GOVT CONTRACTOR, NUMBER OF PAYMENT REDUCTION DAYS/SERVICES, UNITS OF SERVICE BY REVENUE CODE, TOTAL CHARGE BY REVENUE CODE MUST BE $\geq$ 0.		
1-175-17R	IF TYPE OF SUBMISSION =	B	ADJUSTMENT TO NON-HCSR DATA **OR**
		E	COMPLETE CANCELLATION OF PRIOR HCSR DATA
	THEN BEGIN DATE OF CARE MUST BE < 10/01/1994.		
1-175-18R	IF DATE HCSR PROCESSING TO COMPLETION > 01/01/1996		
	AND SPONSOR BRANCH OF SERVICE =	C	CHAMPVA
	THEN TYPE OF SUBMISSION MUST =	C	COMPLETE CANCELLATION OF PRIOR HCSR DATA **OR**
		D	COMPLETE CONTRACTOR DENIAL INITIAL HCSR SUBMISSION

ELEMENT NAME: NAS EXCEPTION REASON (1-180)

VALIDITY EDITS

1-180-01   VALUE MUST BE A VALID CODE LISTED UNDER NAS EXCEPTION REASON LOCATED IN CHAPTER 2, SECTION 6 **OR** BLANK

RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
PATIENT ZIP CODE	SEE BELOW	SPONSOR BRANCH OF SERVICE, NAS NUMBER, DENIAL REASON CODE, ADMISSION DATE, PROGRAM INDICATOR
NAS NUMBER	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	PATIENT ZIP CODE, ADMISSION DATE
TYPE OF INSTITUTION	SEE BELOW	PATIENT ZIP CODE, NAS NUMBER, ADMISSION DATE

EDITED ELEMENT RELATIONSHIP

NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT (FIRST PAYOR) **AND** BEGIN DATE OF CARE ≥ 10/01/2001 **OR**
		T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) **AND** BEGIN DATE OF CARE ≥ 10/01/2001 **OR**
		AR	SHCP - REFERRED CARE **OR**
		AN	SHCP - NON-MTF-REFERRED CARE **OR**
		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		GU	ADSM ENROLLED IN TPR: NOT AT RISK PAYMENT BY CONTRACTOR **OR**
		MS	TSP (NETWORK) **OR**
		MN	TSP (NON-NETWORK) **OR**
		SC	SHCP - NON-TRICARE ELIGIBLE **OR**
		SE	SHCP - TRICARE ELIGIBLE **OR**
		SM	SHCP - EMERGENCY **OR**
		WR	MENTAL HEALTH WRAP AROUND

[1] CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.
[2] STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.
[3] MTF IS A 40 MILE CATCHMENT AREA.

ELEMENT NAME: NAS EXCEPTION REASON (1-180) (CONTINUED)

	THEN BYPASS ALL NAS EXCEPTION REASON EDITING.		
NO ERROR	IF SPONSOR STATUS =	T	FOREIGN MILITARY (NATO)
	THEN BYPASS ALL NAS EXCEPTION REASON EDITING.		
NO ERROR	IF ANY OCCURRENCE OF DENIAL REASON CODE =	9	NONAVAILABILITY STATEMENT CANCELLED OR NOT PROVIDED **OR**
		2	INELIGIBLE CLAIMANT **OR**
		A	DEERS INELIGIBLE **OR**
		N	MULTIPLE DENIAL REASONS
	THEN BYPASS ALL NAS EXCEPTION REASON EDITING.		
NO ERROR	IF PROGRAM INDICATOR =	H	PFPWD
	THEN BYPASS ALL NAS EXCEPTION REASON EDITING.		
NO ERROR	IF AMOUNT OF OTHER HEALTH INSURANCE PAID IS > ZERO		
	THEN BYPASS ALL NAS EXCEPTION REASON EDITING.		
NO ERROR	IF BEGINNING DATE OF CARE ≥ 09/23/1996		
	AND ENROLLMENT STATUS =	E	MCS TRICARE TIDEWATER PRIME **OR**
		H	MCS HOMESTEAD ENROLLED PATIENT **OR**
		K	MCS CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT **OR**
		O	NEW ORLEANS PRIME **OR**
		U	MCS PRIME, CIVILIAN PCM **OR**
		W	TPR ADSM - USA **OR**
		Y	CHCBP STANDARD **OR**
		Z	MCS PRIME, MTF/PCM **OR**
		AA	CHCBP EXTRA **OR**
		FE	TFL - EXTRA **OR**
		FS	TFL - STANDARD **OR**
		SN	SHCP - NON-MTF-REFERRED CARE **OR**
		SR	SHCP - MTF-REFERRED CARE
	THEN NO NAS IS REQUIRED - BYPASS ALL NAS EX EDITING.		
NO ERROR	IF ADMISSION DATE IS OLDER THAN 6 YEARS **THEN** DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA		
1-180-02R	IF PATIENT ZIP CODE IS NOT IN AN MTF[3] CATCHMENT AREA[1]		
	THEN NAS EXCEPTION REASON MUST = BLANK		

[1] **CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.**
[2] **STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.**
[3] **MTF IS A 40 MILE CATCHMENT AREA.**

ELEMENT NAME:	NAS EXCEPTION REASON (1-180) (CONTINUED)		
	UNLESS SPECIAL PROCESSING CODE =	ST[2]	SPECIALIZED TREATMENT
1-180-03R	IF NAS NUMBER IS CODED		
	THEN NAS EXCEPTION REASON MUST = BLANK.		
1-180-04R	IF PATIENT ZIP CODE IS IN AN MTF[3] CATCHMENT AREA[1]		
	AND NAS NUMBER IS NOT CODED		
	AND BEGIN DATE OF CARE < 12/28/2003		
	THEN NAS EXCEPTION REASON MUST BE CODED		
	UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
	OR ANY OCCURRENCE OF OVERRIDE CODE =	C	GOOD FAITH PAYMENT
	THEN NAS EXCEPTION REASON MUST BE BLANK.		
1-180-05R	• THIS EDIT IS FOR DEMONSTRATION PROJECTS.		
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	3	ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY **OR**
		4	ALLOGENEIC BONE MARROW DONOR - WILFORD HALL REFERRED ONLY **OR**
		6	HOME HEALTH CARE **OR**
		9	FORT DRUM COOPERATIVE MEDICAL CARE **OR**
		E	HHC/CM **OR**
		NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM **AND** BEGIN DATE OF CARE ≥ 09/14/2001 **AND** < 11/01/2004
	AND PATIENT ZIP CODE IS IN AN MTF[3] CATCHMENT AREA[1]		
	THEN NAS EXCEPTION REASON MUST =	9	DEMONSTRATION
	UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
	IF ANY SPECIAL PROCESSING CODE =	5	LIVER TRANSPLANT **OR**
		7	HEART TRANSPLANT
	AND PATIENT ZIP CODE IS IN AN MTF[3] CATCHMENT AREA[1]		
	THEN NAS EXCEPTION REASON MUST =	8	LIVER/HEART TRANSPLANT

[1] CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.
[2] STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.
[3] MTF IS A 40 MILE CATCHMENT AREA.

ELEMENT NAME: NAS EXCEPTION REASON (1-180) (CONTINUED)

	UNLESS HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG DEMO
	IF NAS EXCEPTION REASON =	L	HOSPICE
	THEN SPECIAL PROCESSING CODE MUST =	#	HOSPICE
	IF ANY SPECIAL PROCESSING CODE =	B	PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS **OR**
		O	CHARLESTON NAVAL HOSPITAL CAMCHAS MTF SERVICES
	AND PATIENT ZIP CODE IS IN AN MTF[3] CATCHMENT AREA[1]		
	THEN NAS EXCEPTION REASON MUST =	6	PARTNERSHIPS **OR**
		1	COVERAGE BY OTHER INSURANCE **OR**
		2	EMERGENCY MEDICAL TREATMENT **OR**
		I	TRICARE-TIDEWATER DRUG CLAIM **OR**
		J	TRICARE-TIDEWATER PREVENTATIVE CARE CLAIM
1-180-06R	IF TYPE OF INSTITUTION =	71	SPECIALIZED TREATMENT FACILITY **OR**
		82	ALCOHOLISM AND OTHER CHEMICAL DEPENDENCY
	THEN NAS EXCEPTION REASON =	7	SPECIALIZED TREATMENT FACILITY **OR**
		2	EMERGENCY **OR**
		1	OTHER PRIMARY INSURANCE **OR**
		Q	ACTIVE DUTY CLAIMS
	IF TYPE OF INSTITUTION =	72	RESIDENTIAL TREATMENT CENTER
	THEN NAS EXCEPTION REASON =	5	RESIDENTIAL TREATMENT CENTER **OR**
		2	EMERGENCY **OR**
		1	OTHER PRIMARY INSURANCE **OR**
		Q	ACTIVE DUTY CLAIMS

[1] **CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.**
[2] **STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.**
[3] **MTF IS A 40 MILE CATCHMENT AREA.**

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185)		
VALIDITY EDITS		
1-185-01 MUST BE A VALID CODE AS DEFINED IN CHAPTER 2, **OR** BLANK-FILLED.		
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
ENROLLMENT STATUS	SEE BELOW	TYPE OF SUBMISSION
EDITED ELEMENT RELATIONSHIP		
NO ERROR IF ENROLLMENT STATUS =	FE	TFL - EXTRA **OR**
	FS	TFL - STANDARD
THEN BYPASS THE RELATIONAL EDITS FOR HEALTH CARE PLAN CODE IDENTIFIER		
1-185-03R IF ENROLLEMENT STATUS =	A	CRI - FOUNDATION HEALTH PLAN **OR**
	B	CRI - PARTNERS HEALTH PLAN **OR**
	C	CRI - QUEENS HEALTH PLAN **OR**
	N	CRI - NOT ENROLLED, NOT STANDARD PROGRAM (EXTRA)
THEN HEALTH CARE PLAN CODE MUST =	01	CRI - PARTNERS HEALTH PLAN **OR**
	02	CRI - PARTNERS HEALTH PLAN **OR**
	03	CRI - QUEENS HEALTH PLAN
UNLESS TYPE OF SUBMISSION =	D	DENIAL **OR**
	C	CANCELLATION **OR**
	E	CANCELLATION OF NON-HCSR DATA
1-185-04R IF ENROLLMENT STATUS =	F	FI STANDARD PROGRAM **OR**
	S	CRI STANDARD PROGRAM **OR**
	Q	NEW ORLEANS STANDARD PROGRAM **OR**
	D	MCS - TRICARE STANDARD PROGRAM **OR**
	M	MCS - CALIFORNIA/HAWAII STANDARD PROGRAM **OR**
	Y	CHCBP STANDARD
THEN HEALTH CARE PLAN CODE MUST BE BLANK		
UNLESS TYPE OF SUBMISSION =	D	DENIAL **OR**
	C	CANCELLATION **OR**
	E	CANCELLATION OF NON-HCSR DATA
1-185-05R IF ENROLLMENT STATUS =	O	NEW ORLEANS PRIME **OR**
	P	NEW ORLEANS NOT ENROLLED, NOT STANDARD PROGRAM
THEN HEALTH CARE PLAN CODE MUST BE '10'		

ELEMENT NAME:	HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)		
	UNLESS TYPE OF SUBMISSION =	D	DENIAL **OR**
		C	CANCELLATION **OR**
		E	CANCELLATION OF NON-HCSR DATA
1-185-06R	IF ENROLLMENT STATUS =	H	MCS - HOMESTEAD, ENROLLED PATIENT **OR**
		I	MCS - HOMESTEAD, NON-ENROLLED PATIENT, NETWORK PROVIDER **OR**
		J	MCS - HOMESTEAD STANDARD PROGRAM
	THEN HEALTH CARE PLAN CODE MUST BE '05'		
	UNLESS TYPE OF SUBMISSION =	D	DENIAL **OR**
		C	CANCELLATION **OR**
		E	CANCELLATION OF NON-HCSR DATA
1-185-07R	IF CONTRACTOR FHC OPTIONS (MENTAL HEALTH)		
	THEN HEALTH CARE PLAN CODE MUST BE '06'		
	UNLESS ENROLLMENT STATUS =	Y	CHCBP STANDARD **OR**
		AA	CHCBP EXTRA
	THEN HEALTH CARE PLAN CODE MUST BE BLANK		
1-185-08R	IF HEALTH CARE PLAN CODE = '06'		
	THEN ENROLLMENT STATUS MUST =	D	MCS - TRICARE-TIDEWATER STANDARD PROGRAM **OR**
		E	MCS - TRICARE-TIDEWATER PRIME **OR**
		G	MCS - TRICARE-TIDEWATER EXTRA **OR**
		R	TRICARE EXTRA - NORTH CAROLINA **OR**
		T	MCS - STANDARD PROGRAM **OR**
		U	MCS - PRIME WITH CONTRACTOR NETWORK PCM **OR**
		V	MCS - EXTRA **OR**
		W	TPR ADSM - USA **OR**
		Z	MCS - PRIME (WITH MTF/CLINIC PCM)
1-185-09R	IF CONTRACTOR WASHINGTON/OREGON		
	THEN HEALTH CARE PLAN CODE MUST =	07	MCS - REGION 11 [WASHINGTON/OREGON]
	UNLESS ENROLLMENT STATUS =	AA	CHCBP EXTRA **OR**
		Y	CHCBP STANDARD
	THEN HEALTH CARE PLAN CODE MUST BE BLANK		
1-185-10R	IF HEALTH CARE PLAN CODE =	07	MCS - REGION 11 [WASHINGTON/OREGON]

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

	THEN ENROLLMENT STATUS MUST =	R	TRICARE EXTRA - NORTH CAROLINA **OR**
		T	MCS - STANDARD TRICARE PROGRAM **OR**
		U	MCS - PRIME (WITH CONTRACTOR NETWORK PCM) **OR**
		V	MCS - EXTRA **OR**
		W	TPR ADSM - USA **OR**
		Z	MCS - PRIME (WITH MTF/CLINIC PCM) **OR**
		BB	TRICARE SENIOR PRIME **OR**
		SN	SHCP - NON-MTF-REFERRED CARE **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		SR	SHCP - MTF-REFERRED CARE **OR**
		ST	SHCP - TRICARE ELIGIBLE **OR**
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
1-185-11R	IF CONTRACTOR FHC OPTIONS (FORT BRAGG DEMO)		
	THEN HEALTH CARE PLAN CODE MUST BE =	11	MCS - FORT BRAGG, NC
	UNLESS ENROLLMENT STATUS =	Y	CHCBP STANDARD **OR**
		AA	CHCBP EXTRA
	THEN HEALTH CARE PLAN CODE MUST BE BLANK		
1-185-12R	IF HEALTH CARE PLAN CODE =	11	MCS - FORT BRAGG, NC
	THEN ENROLLMENT STATUS MUST =	R	TRICARE EXTRA - NORTH CAROLINA **OR**
		T	MCS - STANDARD PROGRAM **OR**
		U	MCS - PRIME (WITH CONTRACTOR NETWORK PCM) **OR**
		V	MCS - EXTRA **OR**
		W	TPR ACTIVE DUTY - USA **OR**
		Z	MCS - PRIME (WITH MTF/CLINIC PCM)
1-185-13R	IF CONTRACTOR (REGION 06) TEXAS/OKLAHOMA/LOUISIANA/ARKANSAS		
	THEN HEALTH CARE PLAN CODE MUST BE =	09	MCS - REGION 6
	UNLESS ENROLLMENT STATUS =	Y	CHCBP STANDARD **OR**
		AA	CHCBP EXTRA
	THEN HEALTH CARE PLAN CODE MUST BE BLANK		
1-185-14R	IF HEALTH CARE PLAN CODE =	09	MCS - REGION 6

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

	THEN ENROLLMENT STATUS MUST =	R	TRICARE EXTRA - NORTH CAROLINA **OR**
		T	MCS - STANDARD TRICARE PROGRAM **OR**
		U	MCS - PRIME (WITH CONTRACTOR NETWORK PCM) **OR**
		V	MCS - EXTRA **OR**
		W	TPR ADSM - USA **OR**
		Z	MCS - PRIME (WITH MTF/CLINIC PCM) **OR**
		BB	TRICARE SENIOR PRIME **OR**
		SN	SHCP - NON-MTF-REFERRED CARE **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		SR	SHCP - MTF-REFERRED CARE **OR**
		ST	SHCP - TRICARE ELIGIBLE **OR**
		TS	TRICARE SENIOR SUPPLEMENT **OR**
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
1-185-15R	IF CONTRACTOR (REGION 09, 10, 12) CALIFORNIA/HAWAII		
	THEN HEALTH CARE PLAN CODE MUST = '08'	08	MCS - REGIONS 9, 10, 12
	UNLESS ENROLLMENT STATUS =	Y	CHCBP STANDARD **OR**
		AA	CHCBP EXTRA
	THEN HEALTH CARE PLAN CODE MUST BE BLANK		
1-185-16R	IF HEALTH CARE PLAN CODE =	08	MCS - REGIONS 9, 10, 12
	THEN ENROLLMENT STATUS MUST =	R	TRICARE EXTRA - NORTH CAROLINA **OR**
		T	MCS - STANDARD TRICARE PROGRAM **OR**
		U	MCS - PRIME (WITH CONTRACTOR NETWORK PCM) **OR**
		V	MCS - EXTRA **OR**
		W	TPR ADSM - USA **OR**
		Z	MCS - PRIME (WITH MTF/CLINIC PCM) **OR**
		BB	TRICARE SENIOR PRIME **OR**
		SN	SHCP - NON-MTF-REFERRED CARE **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		SR	SHCP - MTF-REFERRED CARE **OR**
		ST	SHCP - TRICARE ELIGIBLE **OR**
		TS	TRICARE SENIOR SUPPLEMENT **OR**

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
1-185-17R	IF CONTRACTOR (REGION 03, 04) HUMANA		
	THEN HEALTH CARE PLAN CODE MUST =	13	MCS - REGIONS 3/4 **OR**
		14	MCS - EUROPE **OR**
		15	MCS - PACIFIC **OR**
		16	MCS - SOUTHCOM
	UNLESS ENROLLMENT STATUS =	Y	CHCBP STANDARD **OR**
		AA	CHCBP EXTRA
	THEN HEALTH CARE PLAN CODE MUST BE BLANK		
1-185-18R	IF HEALTH CARE PLAN CODE = '13', '14', '15', '16' (MCS - REGIONS 3/4, EUROPE, PACIFIC, OR LATIN AMERICA & CANADA INCLUDING THE CARIBBEAN BASIN)		
	THEN ENROLLMENT STATUS MUST =	R	TRICARE EXTRA - NORTH CAROLINA **OR**
		T	MCS - STANDARD TRICARE PROGRAM **OR**
		U	MCS - PRIME (WITH CONTRACTOR NETWORK PCM) **OR**
		V	MCS - EXTRA **OR**
		W	TPR ADSM - USA **OR**
		X	FOREIGN ADSM **OR**
		Z	MCS - PRIME (WITH MTF/CLINIC PCM) **OR**
		BB	TRICARE SENIOR PRIME **OR**
		SN	SHCP - NON-MTF-REFERRED CARE **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		SR	SHCP - MTF-REFERRED CARE **OR**
		ST	SHCP - TRICARE ELIGIBLE **OR**
		WA	FOREIGN REMOTE ADSM **OR**
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM **OR**
		WO	FOREIGN REMOTE ADFM **OR**
		XF	FOREIGN PRIME ADFM
1-185-19R	IF CONTRACTOR (REGION 07, 08) TRIWEST		
	THEN HEALTH CARE PLAN CODE MUST =	12	MCS - CENTRAL REGION (REGION 7/8)
	UNLESS ENROLLMENT STATUS =	Y	CHCBP STANDARD **OR**

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

		AA	CHCBP EXTRA
	THEN HEALTH CARE PLAN CODE MUST BE BLANK.		
1-185-20R	IF HEALTH CARE PLAN CODE =	12	MCS - CENTRAL REGION (REGION 7/8)
	THEN ENROLLMENT STATUS MUST =	R	TRICARE EXTRA - NORTH CAROLINA **OR**
		T	MCS - STANDARD TRICARE PROGRAM **OR**
		U	MCS - PRIME (WITH CONTRACTOR NETWORK PCM) **OR**
		V	MCS - EXTRA **OR**
		W	TPR ADSM - USA **OR**
		Z	MCS - PRIME (WITH MTF/CLINIC PCM) **OR**
		BB	TRICARE SENIOR PRIME **OR**
		SN	SHCP - NON-MTF-REFERRED CARE **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		SR	SHCP - MTF-REFERRED CARE **OR**
		ST	SHCP - TRICARE ELIGIBLE **OR**
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
1-185-21R	IF CONTRACTOR (REGION 2/5)		
	THEN HEALTH CARE PLAN CODE MUST =	17	MCS - REGION 2/5
	UNLESS ENROLLMENT STATUS MUST =	Y	CHCBP STANDARD **OR**
		AA	CHCBP EXTRA
	THEN HEALTH CARE PLAN CODE MUST BE BLANK.		
1-185-22R	IF HEALTH CARE PLAN CODE =	17	MCS - REGION 2/5
	THEN ENROLLMENT STATUS MUST =	R	TRICARE EXTRA - NORTH CAROLINA **OR**
		T	MCS - STANDARD TRICARE PROGRAM **OR**
		U	MCS - PRIME **OR**
		V	MCS - EXTRA **OR**
		W	TPR ADSM - USA **OR**
		Z	MCS - PRIME (WITH MTF/CLINIC PCM) **OR**
		SN	SHCP - NON-MTF-REFERRED CARE **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		SR	SHCP - MTF-REFERRED CARE **OR**
		ST	SHCP - TRICARE ELIGIBLE **OR**
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM

ELEMENT NAME: HEALTH CARE PLAN CODE IDENTIFIER (1-185) (CONTINUED)

1-185-23R	IF CONTRACTOR (REGION 1)		
	THEN HEALTH CARE PLAN CODE MUST =	18	MCS - REGION 1
	UNLESS ENROLLMENT STATUS =	Y	CHCBP STANDARD **OR**
		AA	CHCBP EXTRA
	THEN HEALTH CARE PLAN CODE MUST BE BLANK.		
1-185-24R	IF HEALTH CARE PLAN CODE =	18	MCS - REGION 1
	THEN ENROLLMENT STATUS MUST =	R	TRICARE EXTRA - NORTH CAROLINA **OR**
		T	MCS - STANDARD TRICARE PROGRAM **OR**
		U	MCS - PRIME **OR**
		V	MCS - EXTRA **OR**
		W	TPR ADSM - USA **OR**
		Z	MCS - PRIME (WITH MTF/CLINIC PCM) **OR**
		BB	TRICARE SENIOR PRIME **OR**
		SN	SHCP - NON-MTF-REFERRED CARE **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		SR	SHCP - MTF-REFERRED CARE **OR**
		ST	SHCP - TRICARE ELIGIBLE **OR**
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM

ELEMENT NAME: REASON FOR ADJUSTMENT (1-195)

VALIDITY EDITS

1-195-01	VALUE MUST BE 'A' - 'F' **OR** BLANK.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-195-02R	IF TYPE OF SUBMISSION = 'A', 'B', **OR** 'F'
	REASON FOR ADJUSTMENT MUST = 'A' - 'F'.
	IF TYPE OF SUBMISSION = 'D', 'I', 'R', **OR** 'O'
	REASON FOR ADJUSTMENT MUST = SPACE.
	IF TYPE OF SUBMISSION = 'C' **OR** 'E'
	REASON FOR ADJUSTMENT MUST = 'D' - 'F'.

ELEMENT NAME:	REASON FOR ADJUSTMENT (1-195) (CONTINUED)

IF TYPE OF SUBMISSION = 'G'

REASON FOR ADJUSTMENT MUST = 'A'.

ELEMENT NAME:	SPECIAL PROCESSING CODE (1-197)

VALIDITY EDITS

1-197-01,	OCCURRENCE NUMBER 1
1-197-02,	OCCURRENCE NUMBER 2
1-197-03	OCCURRENCE NUMBER 3 VALUE MUST BE A VALID CODE LISTED UNDER SPECIAL PROCESSING CODE LOCATED IN ADP MANUAL, CHAPTER 2, SECTION 8 **OR** BLANK.
1-197-04	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE
	CONTRACTOR NUMBER	SEE BELOW	
1-100-05R	PATIENT ZIP CODE		
	PRINCIPAL/SECONDARY OP/NSP	SEE BELOW	
	SPONSOR STATUS	SEE BELOW	
	SPONSOR BRANCH OF SERVICE	SEE BELOW	
	PROGRAM INDICATOR	SEE BELOW	
	SPECIAL PROCESSING CODE (OCCURRENCES)	SEE BELOW	
	SPECIAL RATE CODE	SEE BELOW	FREQUENCY CODE
	FILING DATE	SEE BELOW	
	PROVIDER STATE **OR** COUNTRY	SEE BELOW	
	BEGIN DATE OF CARE	SEE BELOW	
	DENIAL REASON CODE	SEE BELOW	
	PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-197-05R	IF NAS EXCEPTION REASON =	9	DEMONSTRATION PROJECTS
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	3	ALLOGENEIC BONE MARROW RECIPIENT - WILFORD HALL REFERRED ONLY **OR**

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ELEMENT NAME:	SPECIAL PROCESSING CODE (1-197) (CONTINUED)		
		4	ALLOGENEIC BONE MARROW DONOR - WILFORD HALL REFERRED ONLY **OR**
		9	FORT DRUM COOPERATIVE MEDICAL CARE **OR**
		E	HHC/CM **OR**
		NE	OPERATION NOBLE EAGLE/OPERATION ENDURING FREEDOM **AND** BEGIN DATE OF CARE ≥ 09/14/2001 **AND** < 11/01/2004
	IF NAS EXCEPTION REASON =	8	HEART/LIVER TRANSPLANT
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	5	LIVER TRANSPLANT **OR**
		7	HEART TRANSPLANT
	IF NAS EXCEPTION REASON =	6	PARTNERSHIPS
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	B	PARTNERSHIP PROGRAM (EXTERNAL WITH SIGNED AGREEMENTS)
	IF NAS EXCEPTION REASON =	L	HOSPICE
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	#	HOSPICE
	IF NAS EXCEPTION REASON =	Q	ACTIVE DUTY CLAIMS
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	AD	FOREIGN ADSM CLAIMS
1-197-06R	• ALLOGENEIC BONE MARROW RECIPIENTS		
	IF PRINCIPAL/SECONDARY OP/NSP CODE IS 41.02 **OR** 41.03		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	3	ALLOGENEIC BONE MARROW RECIPIENT
	• LIVER TRANSPLANTS		
	IF BEGIN DATE OF CARE < 03/01/1997 **OR** (> 02/19/1998 **AND** < 09/01/1999) **OR** > 05/31/2003		
	AND PRINCIPAL/SECONDARY OP/NSP CODE IS 50.51 **OR** 50.59		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	5	LIVER TRANSPLANT
	ELSE BEGIN DATE OF CARE (≥ 03/01/1997 **AND** ≤ 02/19/1998) **OR** (≥ 09/01/1999 **AND** ≤ 05/31/2003)		
	AND PRINCIPAL/SECONDARY OP/NSP CODE IS 50.51 **OR** 50.59		
	THEN SPECIAL PROCESSING CODE =	ST[1]	SPECIALIZED TREATMENT FACILITY

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ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

	• HEART TRANSPLANTS		
	IF PRINCIPAL/SECONDARY OP/NSP CODE IS 37.5		
	THEN AT LEAST ONE SPECIAL PROCESSING CODE MUST =	7	HEART TRANSPLANT
1-197-07R	IF SPONSOR STATUS	T	FOREIGN MILITARY
	THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	B	PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS
1-197-09R	IF PROGRAM INDICATOR	H	PFPWD
	NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	B	PARTNERSHIP PROGRAM, EXTERNAL WITH SIGNED AGREEMENTS
		F G I J	CAM DEMONSTRATIONS
		E	HHC/CM
		N	CHAMPUS SELECT
1-197-10R	SPECIAL PROCESSING CODE OCCURRENCES MUST BE LEFT JUSTIFIED.		
1-197-11R	IF SPECIAL RATE CODE = 'G', 'I', 'J', 'M' **OR** 'O' (TRICARE/CHAMPUS DRG, WITH LONG STAY **OR** COST OUTLIER)		
	AND FREQUENCY CODE =	2	INITIAL **OR**
		3	INTERIM **OR**
		4	FINAL
	THEN SPECIAL PROCESSING CODE MUST =	D	DRG QUALIFYING FOR INTERIM PAYMENT
1-197-12R	IF FILING DATE ≤ 10/01/1988		
	THEN SPECIAL PROCESSING CODE MUST ≠	D	DRG QUALIFYING FOR INTERIM PAYMENT
	IF SPECIAL PROCESSING CODE =	F	REYNOLDS ARMY COMMUNITY HOSPITAL, FT. SILL
	THE FILING DATE MUST BE ≥ 06/01/1989, DATE OF ADMISSION ≤ 05/31/1992.		
	IF SPECIAL PROCESSING CODE =	G	EVANS ARMY COMMUNITY HOSPITAL, FT. CARSON
	THE FILING DATE MUST BE ≥ 10/01/1989, DATE OF ADMISSION ≤ 09/30/1992		
	IF SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA
	THE FILING DATE MUST BE ≥ 03/01/1990 AND DATE OF ADMISSION ≤ 04/30/1993.		
	IF SPECIAL PROCESSING CODE =	J	LUKE/WILLIAMS AFB CATCHMENT AREA

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ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

	THE FILING DATE MUST BE ≥ 03/01/1990.		
1-197-13R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	K	GEORGIA/FLORIDA PPO
	THEN PROVIDER STATE **OR** COUNTRY CODE MUST =	09	FLORIDA **OR**
		10	GEORGIA
1-197-14R	IF BEGIN DATE OF CARE < 06/30/1988		
	THEN NO OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	E	HHC/CM
1-197-15R	IF ANY DENIAL REASON CODE	G	DEMONSTRATION AUTHORIZATION NOT ON FILE
	AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	F G	ARMY CAM DEMONSTRATIONS
		E	HHC/CM
		N	CHAMPUS SELECT
1-197-18R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PO	POINT OF SERVICE
	THEN ENROLLMENT STATUS MUST =	E	MCS - TRICARE-TIDEWATER PRIME **OR**
		K	MCS - CA/HI ENROLLED **OR**
		O	NEW ORLEANS PRIME **OR**
		U	MCS - PRIME (WITH CONTRACTOR NETWORK PCM) **OR**
		Z	MCS - PRIME (WITH MTF/CLINIC PCM) **OR**
		WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	FOREIGN ADSM CLAIMS **OR**
		GU	ADSM ENROLLED IN TPR: NOT-AT-RISK PAYMENT BY CONTRACTOR
	THEN ENROLLMENT STATUS MUST =	W	TPR ADSM - USA **OR**
		X	FOREIGN ADSM **OR**
		WA	FOREIGN REMOTE ADSM
1-197-19R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	FOREIGN ADSM CLAIMS
	THEN PATIENT RELATIONSHIP TO SPONSOR MUST =	~~b~~	SPONSOR

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ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

	AND SPONSOR STATUS MUST =	A	ACTIVE DUTY **OR**
		B	RECALLED TO ACTIVE DUTY **OR**
		J	ACADEMY STUDENT/NAVY OCS **OR**
		N	NATIONAL GUARD **OR**
		Q	PRISONER/APPELLATE **OR**
		V	RESERVE **OR**
		T	FOREIGN MILITARY (NATO)
1-197-20R	IF ONE OCCURRENCE OF SPECIAL PROCESSING CODE = 'WR'		
	THEN CONTRACTOR NUMBER MUST =	07	REGIONS 7 AND 8
1-197-21R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	MS	TSP (NETWORK) **OR**
		MN	TSP (NON-NETWORK)
	THEN ENROLLMENT STATUS MUST =	BB	TRICARE SENIOR PRIME
1-197-23R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP - NON-MTF-REFERRED CARE **OR**
		AR	SHCP - REFERRED CARE **OR**
		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		SC	SHCP - NON-TRICARE ELIGIBLE **OR**
		SE	SHCP - TRICARE ELIGIBLE **OR**
		SM	SHCP - EMERGENCY
	THEN ENROLLMENT STATUS MUST =	SR	SHCP - REFERRED CARE **OR**
		SN	SHCP - NON-MTF-REFERRED CARE **OR**
		SO	SHCP - NON-TRICARE ELIGIBLE **OR**
		ST	SHCP - TRICARE ELIGIBLE
1-197-24R	(REGIONAL STS FACILITIES FOR CARDIAC SURGERY AND INTERVENTIONAL CARDIOLOGY FOR REGION 3)		
	IF (DRG NUMBER = 104, 105, 106, 107, 108, 109, **OR** 112		
	AND REGION CODE = '03' (REGION 03)		
	AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER STSF CATCHMENT AREA		
	AND BEGIN DATE OF CARE ($\geq$ 03/01/97 **AND** $\leq$ 05/31/2003)		
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'.		
1-197-25R	(NATIONAL STSF)		

[1] **STSF IS A REGIONAL 200 MILES, 48 CONTIGUOUS STATES, OR MULTI-REGIONAL CATCHMENT AREA, DEPENDING ON TYPE OF STSF BEING PROCESSED.**

ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)		
	IF (DRG = 480 [LIVER TRANSPLANT]	
	AND BEGIN DATE OF CARE ($\geq$ 03/01/1997 **AND** $\leq$ 02/19/1998)	
	OR (DRG = 481 [ALLOGENEIC BONE MARROW TRANSPLANTATION]	
	AND BEGIN DATE OF CARE $\geq$ 10/01/1997 **AND** $\leq$ 12/31/2002))	
	OR (DRG = 302 [KIDNEY TRANSPLANTATION]	
	AND BEGIN DATE OF CARE $\geq$ 09/01/1999 **AND** $\leq$ 05/31/2003)))	
	AND PATIENT ZIP CODE IS IN 48 CONTIGUOUS UNITED STATES AND DISTRICT OF COLUMBIA	
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'	
	UNLESS NAS EXCEPTION REASON =	K CHCBP
1-197-26R	(MULTI-REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 1 & 2)	
	IF REGION CODE =	01 REGION 1 **OR**
		02 REGION 2
	AND BEGIN DATE OF CARE $\geq$ 10/01/1997 **AND** $\leq$ 05/31/2003	
	AND PATIENT ZIP CODE IS IN WALTER REED ARMY MEDICAL CENTER (WRAMC)	
	OR NATIONAL NAVAL MEDICAL CENTER (NNMC) MULTI-REGIONAL STSF CATCHMENT AREA	
	AND DRG = 104, 105, 106, 107, 108, 109, 110, **OR** 111	
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'	
1-197-27R	(REGIONAL STS FACILITIES FOR GENERAL SURGERY & ORTHOPEDIC SURGERY FOR REGION 1)	
	IF REGION CODE =	01 REGION 1
	AND BEGIN DATE OF CARE $\geq$ 09/01/1999 **AND** $\leq$ 05/31/2003	
	AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)	
	OR WALTER REED ARMY MEDICAL CENTER (WRAMC)	
	OR MALCOLM GROW MEDICAL CENTER (MGMC) STSF CATCHMENT AREA	
	AND DRG = 191, 209, 286, **OR** 491	
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'	
1-197-28R	(REGIONAL STS FACILITIES FOR NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 1)	
	IF REGION CODE =	01 REGION 1
	AND BEGIN DATE OF CARE $\geq$ 09/01/1999 **AND** $\leq$ 05/31/2003	
	AND PATIENT ZIP CODE IS IN NATIONAL NAVAL MEDICAL CENTER (NNMC)	
	OR WALTER REED ARMY MEDICAL CENTER (WRAMC) STSF CATCHMENT AREA	
	AND DRG = 001, 003, 004, 049, 286, **OR** 357	
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'	

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ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

1-197-29R	(REGIONAL STS FACILITIES FOR NEUROSURGERY, ORTHOPEDIC SURGERY, GENERAL SURGERY, PERIPHERAL VASCULAR SURGERY, AND HEAD AND NECK SURGERY FOR REGION 3)

IF REGION CODE =	03 REGION 3
AND BEGIN DATE OF CARE $\geq$ 09/01/1999 **AND** $\leq$ 05/31/2003	
AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER (EAMC) STSF CATCHMENT AREA	
AND DRG = 001, 004, 049, 110, 111, 191, 209, 286, **OR** 491	
THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'	

1-197-30R	(REGIONAL STS FACILITIES FOR NEONATAL INTENSIVE CARE FOR REGION 4)

IF REGION CODE = '04'	04 REGION 4
AND BEGIN DATE OF CARE $\geq$ 05/01/1998 **AND** $\leq$ 05/31/2003	
AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA	
AND DRG = 370, 372, 383, 604, 607, 611, 612, 613, 617, 618, 622, 626, **OR** 636	
THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'	

1-197-31R	(REGIONAL STS FACILITIES FOR CARDIAC SURGERY FOR REGION 4)

IF REGION CODE =	04 REGION 4
AND BEGIN DATE OF CARE $\geq$ 05/01/1998 **AND** $\leq$ 05/31/2003	
AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA	
AND DRG = 104, 105, 106, 107, 108, 109, 110, 111, 112, 124, **OR** 125	
THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'	

1-197-32R	(REGIONAL STS FACILITY FOR GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 4)

IF REGION CODE =	04 REGION 4
AND BEGIN DATE OF CARE $\geq$ 06/01/2000 **AND** $\leq$ 05/31/2003	
AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER STSF CATCHMENT AREA	
AND DRG = 357	
THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'	

1-197-33R	(REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 6)

IF REGION CODE =	06 REGION 6
AND BEGIN DATE OF CARE $\geq$ 09/01/1999 **AND** $\leq$ 12/31/2002	
AND PATIENT ZIP CODE IS IN BROOKE ARMY MEDICAL CENTER (BAMC)	
OR WILFORD HALL MEDICAL CENTER (WHMC) STSF CATCHMENT AREA	
AND DRG = 001, 003, 004, 049, 104, 105, 106, 107, 109, 110, 111, 191, 209, 286, 357, **OR** 491	
THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'	

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ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

1-197-35R (REGIONAL STS FACILITIES FOR GENERAL SURGERY, NEUROSURGERY, OTORHINOLARYNGOLOGY SURGERY, CARDIOTHORACIC SURGERY, ORTHOPEDIC SURGERY, AND GYNECOLOGIC ONCOLOGY SURGERY FOR REGION 10)

IF REGION CODE =	10	REGION 10

AND BEGIN DATE OF CARE ≥ 09/01/1999 **AND** ≤ 12/31/2001

AND PATIENT ZIP CODE IS IN DAVID GRANT MEDICAL CENTER (DGMC) STSF CATCHMENT AREA

AND DRG = 001, 003, 004, 049, 110, 111, 191, 209, 286, 357, **OR** 491

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-197-36R (MULTI-REGIONAL STS FACILITIES FOR LIVER TRANSPLANTS FOR REGIONS 1, 2 **AND** 5)

IF DRG = 480

AND REGION CODE =	01	REGION 1 **OR**
	02	REGION 2 **OR**
	05	REGION 5

AND BEGIN DATE OF CARE ≥ 09/01/1999 **AND** ≤ 05/31/2003

AND INCLUDES ALL PATIENT ZIP CODES WITHIN REGIONS 1, 2 **OR** 5

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-197-37R (VA REGIONAL STS FACILITIES CARDIOTHORACIC SURGERY FOR REGION 10)

IF REGION CODE =	10	REGION 10

AND BEGIN DATE OF CARE ≥ 11/01/1999 **AND** ≤ 12/31/2001

AND PATIENT ZIP CODE IS IN VA PALO ALTO HEALTH CARE SYSTEM (VAPAHCS)

OR SAN FRANCISCO VA MEDICAL CENTER (SFVAMC) STSF CATCHMENT AREA

AND DRG = 104 - 109

THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

1-197-38R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	SN	TRICARE SENIOR SUPPLEMENT (NON-NETWORK) **OR**
		SS	TRICARE SENIOR SUPPLEMENT (NETWORK)
	THEN ENROLLMENT STATUS MUST =	TS	TRICARE SENIOR SUPPLEMENT

1-197-41R IF BEGIN DATE OF CARE IS ≥ 03/15/1999

AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	E	HOME HEALTH CARE/CASE MANAGEMENT (HHC/CM) DEMO (AFTER 03/15/1999, GRANDFATHERED INTO THE INDIVIDUAL CASE MANAGEMENT PROGRAM)

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Element Name:	Special Processing Code (1-197) (Continued)		
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	CM	INDIVIDUAL CASE MANAGEMENT PROGRAM (ICMP) CLAIMS
1-197-42R	IF BEGIN DATE OF CARE ≥ 10/01/2001		
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FF	TFL (FIRST PAYOR) **OR**
		FS	TFL (SECOND PAYOR)
	THEN ENROLLMENT STATUS MUST =	FE	TFL - EXTRA **OR**
		FS	TFL - STANDARD
1-197-43R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	FF	TFL (FIRST PAYOR) **OR**
		FS	TFL (SECOND PAYOR)
	THEN BEGIN DATE OF CARE ≥ 10/01/2001		
1-197-46R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND SPECIAL RATE CODE ≠	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	THEN BEGIN DATE OF CARE IS ≥ 10/30/2000 **AND** < 09/01/2002		
	AND SPONSOR STATUS MUST =	A	ACTIVE DUTY **OR**
		B	RECALLED TO ACTIVE DUTY **OR**
		N	NATIONAL GUARD **OR**
		V	RESERVE

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ELEMENT NAME:	SPECIAL PROCESSING CODE (1-197) (CONTINUED)		
	AND PATIENT RELATIONSHIP TO SPONSOR MUST =	C	CHILD **OR**
		S	SPOUSE **OR**
		V	STEP CHILD **OR**
		W	WARD
1-197-47R	IF ANY OCCURRENCE OR SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND SPECIAL RATE CODE =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	THEN END DATE OF CARE IS $\geq$ 10/30/2000 **AND** < 09/01/2002		
	AND SPONSOR STATUS MUST =	A	ACTIVE DUTY **OR**
		B	RECALLED TO ACTIVE DUTY **OR**
		N	NATIONAL GUARD **OR**
		V	RESERVE
	AND PATIENT RELATIONSHIP TO SPONSOR MUST =	C	CHILD **OR**
		S	SPOUSE **OR**
		V	STEP CHILD **OR**
		W	WARD
1-197-48R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GN	TPR ENROLLED ADFM - NON-NETWORK **OR**
		GT	TPR ENROLLED ADFM - NETWORK

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	ELEMENT NAME:	SPECIAL PROCESSING CODE (1-197) (CONTINUED)		
	AND SPECIAL RATE CODE ≠	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**	
		H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**	
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**	
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**	
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**	
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**	
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**	
		Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER	
	THEN BEGIN DATE OF CARE IS ≥ 09/01/2002			
	AND ENROLLMENT STATUS MUST =	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM	
1-197-49R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GN	TPR ENROLLED ADFM - NON-NETWORK **OR**	
		GT	TPR ENROLLED ADFM - NETWORK	
	AND SPECIAL RATE CODE =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**	
		H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**	
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**	
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**	
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**	
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**	
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**	
		Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER	
	THEN END DATE OF CARE IS ≥ 09/01/2002			

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ELEMENT NAME: SPECIAL PROCESSING CODE (1-197) (CONTINUED)

	AND ENROLLMENT STATUS MUST =	WF	TPR FOR ENROLLED ADFM RESIDING WITH A TPR ELIGIBLE ADSM
1-197-50R	• SPECIAL PROCESSING CODE "V" IS USED FOR CARE NORMALLY PROVIDED - WHILE SPECIAL PROCESSING CODE "W" IS USED FOR CARE OVER AND ABOVE THOSE NORMAL LIMITS		
	IF BEGIN DATE OF CARE IS ≥ 12/28/2001		
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	CT	CUSTODIAL CARE TRANSITIONAL POLICY
	THEN AT LEAST ONE OTHER OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	V	AT-RISK PAYMENT BY AT-RISK CLAIMS PROCESSOR **OR**
		W	NOT-AT-RISK PAYMENT BY AT-RISK CLAIMS PROCESSOR

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ELEMENT NAME: SPECIAL RATE CODE (1-198)

VALIDITY EDITS

1-198-01	VALUE MUST = BLANK, 'A' - 'V'

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	FILING STATE	SEE BELOW	
	DRG NUMBER	SEE BELOW	
	DATE OF ADMISSION	SEE BELOW	
	SPECIAL PROCESSING CODE	SEE BELOW	
	PROGRAM INDICATOR	SEE BELOW	
	OVERRIDE CODE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

1-198-02R	IF FILING STATE =	34	NEW JERSEY
	THEN SPECIAL RATE CODE MUST = 'A', 'B', 'C', 'D', 'E', 'F', 'P', 'K', 'L', **OR** BLANK.		
	IF FILING STATE **NOT** =	34	NEW JERSEY
	THEN SPECIAL RATE CODE CANNOT = 'A', 'B', 'C', 'E', 'F'.		
	IF FILING STATE =	24	MARYLAND
	THEN SPECIAL RATE CODE CANNOT = 'A', 'B', 'C', 'E', 'F', 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q'.		

ELEMENT NAME: SPECIAL RATE CODE (1-198) (CONTINUED)

1-198-03R   IF DRG NUMBER IS CODED (OTHER THAN ZERO)

	THEN SPECIAL RATE CODE MUST =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		H	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER **OR**
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
		U	SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS **OR**
		V	MEDICARE REIMBURSEMENT RATE

1-198-04R   IF SPECIAL PROCESSING CODE =   D   DRG QUALIFYING FOR INTERIM PAYMENT

	THEN SPECIAL RATE CODE MUST =	G	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER **OR**
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER **OR**
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER **OR**
		U	SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS

1-198-05R   IF DATE OF ADMISSION IS < 01/01/1989

THEN SPECIAL RATE CODE MUST NOT = 'K' **OR** 'L'.

1-198-06R   IF PROGRAM INDICATOR =   H   PFPWD

THEN SPECIAL RATE CODE MUST NOT = 'G', 'H', 'I', 'J', 'M', 'N', 'O', **OR** 'Q'.

1-198-07R   IF ANY OCCURRENCE OF OVERRIDE CODE =   T   MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED

THEN SPECIAL RATE CODE MUST = 'K' **OR** 'L'

ELEMENT NAME: SPECIAL RATE CODE (1-198) (CONTINUED)			
1-198-08R	**WHEN** THE SPECIAL RATE CODE IS 'A' **OR** 'B' **OR** 'C' **OR** 'E' **OR** 'F'		
	THEN THE END DATE OF CARE MUST < 19890101.		
1-198-09R	IF SPECIAL PROCESSING CODE =	#	HOSPICE
	THEN SPECIAL RATE CODE MUST =	P	PER DIEM RATE AGREEMENT **OR**
		D	DISCOUNT RATE AGREEMENT **OR**
		U	SHCP CLAIM OR ACTIVE DUTY MEMBER GSU CLAIM PAID OUTSIDE NORMAL LIMITS **OR**
		V	MEDICARE REIMBURSEMENT RATE
	UNLESS TYPE OF SUBMISSION =.	D	COMPLETE CONTRACTOR DENIAL
1-198-10R	IF SPECIAL RATE CODE =	V	MEDICARE REIMBURSEMENT RATE
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST =	T	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) **AND** BEGIN DATE OF CARE $\geq$ 10/01/2001 **OR**
		FS	TFL - SECOND PAYOR **OR**
		MS	TFL - NETWORK **OR**
		MN	TFL - NON-NETWORK
	OR TYPE OF INSTITUTION =	76	SKILLED NURSING FACILITY
1-198-11R	IF SPECIAL RATE CODE =	U	SHCP CLAIM PAID OUTSIDE NORMAL LIMITS
	THEN SPECIAL PROCESSING CODE MUST =	AR	SHCP - MTF-REFERRED CARE **OR**
		AN	SHCP - NON-MTF-REFERRED CARE **OR**
		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		GU	ADSM ENROLLED IN TPR: NOT-AT-RISK PAYMENT BY CONTRACTOR **OR**
		SC	SHCP - NON-TRICARE ELIGIBLE **OR**
		SE	SHCP - TRICARE ELIGIBLE **OR**
		SM	SHCP - EMERGENCY
1-198-12R	IF ANY OCCURRENCE OF REVENUE CODE =	022	SKILLED NURSING FACILITY CHARGE
	THEN SPECIAL RATE CODE MUST =	V	MEDICARE REIMBURSEMENT RATE **OR**
		D	DISCOUNT RATE AGREEMENT